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CONFIRMATION NO. 4445

<b>SERIAL NUMBER</b> 10/797,449	<b>FILING OR 371(c) DATE</b> 03/10/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 1-37213	
<b>APPLICANTS</b> Thomas A. Osborne, Bloomington, IN; Brian C. Case, Bloomington, IN; Mark W. Bleyer, West Lafayette, IN; Ram H PAUL, Bloomington, IN;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/454,249 03/12/2003 and claims benefit of 60/488,138 07/16/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/27/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 42715					
<b>TITLE</b> Prosthetic valve that permits retrograde flow					
<b>FILING FEE RECEIVED</b> 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		